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		pape	apers. Each additional paper, such as an assignment or formal ave its own certificate of mailing or transmission.			nt or formal drawing, must			
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SHEMWELL MAHAMEDI LLP Mahamedi Paradice Kreisman 4880 STEVENS CREEK BOULEVARD SUITE 201 SAN JOSE, CA 95129-1034					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SAN JOSE, CA		(Depositor's name)							
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							<u> </u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		R ATTO		NEY DOCKET NO.	CONFIRMATION NO.	
10/040,584	12/28/2001		Samuel Kho			PALM.P881		2323	
TITLE OF INVENTION	: MENU NAVIGATIOI	N AND OPERATION FE.	ATURE FOR A HAN	DHE	LD COMPUTER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	09/03/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLAS	S					
PITARO, RYAN F 2174			715-864000	<del>_</del>					
1. Change of correspond CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-(	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is								
Number is required.	listed, no name will be printed.								
	less an assignee is ident h in 37 CFR 3.11. Com	A TO BE PRINTED ON a string of the string of this form is NO	data will appear on a T a substitute for filin (B) RESIDENCE: (	he pa g an a	atent. If an assigne assignment.	OUNTI	RY)	ocument has been filed for	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 📮 Government									
4a. The following fee(s)  ☑ Issue Fee  ☑ Publication Fee (N  ☐ Advance Order	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501914 (enclose an extra copy of this form).</li> </ul>								
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Authorized Signature	UW	al			Date 9	12	109		
Typed or printed name		Registration No. 42,828							
Alexandria, Virginia 223	13-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR e USPTO. Time will vary orden, should be sent to the D NOT SEND FEES OR opersons are required to re-	COMI LETED TORY	1.5 10	J THIS ADDRESS	. JENL	TO: Commissioner	d by the USPTO to process)  Ig gathering, preparing, and  me you require to complete  artment of Commerce, P.O.  for Patents, P.O. Box 1450,  number.	